Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

90-129 129

APPLICATION FOR MARRIAGE LICENSE

FLOYD _ County Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Medical Examination or Report Dated
Name of Physician Name of Physician ___

Name / First Maddle / Left /	FEMALE APPLICANT Name
Wallas 6 Jurkhary	- Janel O. Deynalds
114 9 1990	
Place of Birth (State of to being country)	Place of Birth (State or foreign country)
Residence Address Street or H.R. Gith County State County	Residence Address Steet or R.R. And Sonty State Cleary So
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🗆 2 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death □ Divorce □ Annulment □
Date of birth verified by: □ parth Certificate □ Judicial Decree	Date of birth verified by:
Other (Specify) Ailalast	□ Other (Specify) — We like is
1. Are you now or have you ever been adjudged to be of unsound mind? No 💢 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 阪 Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No D Yes D
2. Are you related to the female applicant closer than second cousin? No ▼ Yes □	2. Are you related to the male applicant closer than second cousin? No 図 Yes □
3. Are you now under the influence of an alcoholic beverage? No ✗ Yes □	3. Are you now under the influence of an alcoholic beverage? No ⊠ Yes □
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug? No ☑ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	- Donald Gephen Signalds!
6. (a) Full name of father of dependent children Llass Farance Burkhaut	6. (a) Full name of father of dependent children and anala Matein Rese
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) M. C. Characa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) + Cayo Cook
(b) Full maiden name of mother P	(b) Full maiden name of mothers
of dependent children why See el nelf	of dependent children
Residence of mother (If deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired innum deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Nolles E. Burglast 2-3-89	Christ Kumolila 2-3-88
Signature of Applicant Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana /) I swear/affirm that the information given	State of Indiana () I swear/affirm that the information given
County of Hold ss: in this application is true and correct.	County of (County of County of Count
Signed Dallas E. Bullart	Signed Janeb & Rumolds
New Address 1025 CASTLEWOOD DR. NAI IND.	New Address 1025 Costleward Dr.
Subscribed and sworn to before me this 3 day of Tell. 19	Subscribed and sworn to before me this 3 day of 40 19
Clerk of the FLOYD Circuit Court	William Denks Clerk of the FLOYD Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
) ss:) ss: County of)
Signed Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in authorizes and directs the i	
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the dated2-6-89, authorizing the marriage of DALLA	Clerk of the Circuit Court of FLOYD County, Indiana, SE. BURKHART and JANET L. REYNOLDS
I further certify that the following marriage certificate was filed in my of	
I, JOHN C. JONES (name), certify that	on <u>2-18-1989</u> (date), at <u>NEW ALBANY</u> in
FLOY County, Indiana, DALLAS E. BURKHA (state), and ANET L. REYNOLDS of FLOYD	County, INDIANA (state) were married by me as
authorized under a marriage license that was issued by the Clerk of	- County, ————————————————————————————————————
2-18-89 Signed by: JOHN C. JONES MINISTER	
	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-22-1989 (date).

WILLIAM B. JENKS

FLOYD

__ Clerk

_Circuit Court

Signed ___